PLEASE READ THIS FIRST BEFORE FILLING THIS FORM

You have come here to get well. I am here to select the possible medicine for you. In order to do that, I depend on your co-operation. HOMOEOPATHIC MEDICINE IS MAINLY SELECTED ON THE SYMPTOMS YOU GIVE ME. In order to make a successful prescription, I must know all the details of your sickness. I must also understand all the features that belong to you as an individual. This includes your reactions to various factors; your past and family history and your mental make up.

This information enables me to select the remedy that removes your sickness. The medicine also makes you well as a whole person.

In order to find all about you, I shall be asking you many questions. Each one of these questions has a definite meaning and significance for me. There is not a single question that is useless. Even something that you may think is not connected with your trouble, may be the most important factor in deciding the correct homoeopathic medicine. That is why you must be free and frank and give me the fullest possible information on each point. Please read each question carefully, think, and if necessary, consult someone close to you and then answer completely. Do not keep anything back. Remember, whatever you tell me will remain absolutely confidential.

In the case of a child under 16, the parent should complete the appropriate sections.

Name of patient:	Parent’s name (s) if under 16
Date of birth:	
Address:	
Telephone Number:	
Marital Status:	Number of Children if applicable

Occupation:

GP Details

Reason for seeking Homeopathic Treatment

Please give details of medical condition(s) and any medication.

Please list, with dates, any operations, pregnancies, accidents, immunisations etc.

Family Medical History – parents, grandparents (e.g. diabetes, cancer, respiratory illnesses etc.):

Apart from the main complaint, please indicate if you have experienced problems in the following areas. Please indicate R- recent P - Past

Please add any information you wish.

Memory		Varicose veins	
Concentration		Skin conditions	
Dizziness/vertigo		Allergies	
Fainting		Asthma	
Anxiety/Depression		Cramps	
Speech		Numbness/tingling	
Headaches		Pins and needles	
Ears and Hearing		Glands	
Eyes and vision		Itching	
Nose and smell		Nails/ hair	
Mouth and taste		Hernias	
Face		Twitches/trembling/tics	
Teeth/Gums		Ulcers/boils	
Throat		Menstruation	
Respiration		Menopause	
Coughs		Pregnancy	
Heart		Sweats	
Digestion		Water retention	
Bowels		Alcohol dependency	
Bladder/urination		Drug dependency	
Genitals		Sexually Transmitted Disease	
Joints		Warts/moles	

HOW TO DESCRIBE YOUR COMPLAINTS

In homoeopathy, prescription is based on precise details of various symptoms from which you suffer. To tell or write to a homoeopathic physician “I have a headache”, “an eruption”, or “cough”, would not be enough. If you inform him “I have headache with sharp shooting pains in the left side of the head and temple, these pains always come on when the slightest cold air strikes the head, the pains are much less when lying down and covering up the head warmly and much worse when rising up, walking about or when the head becomes cool”, then only you have given all the information required for making a good homoeopathic prescription. The success of the prescription depends, largely, on how detailed is your description of the symptoms.

We require the following details about your symptoms.

LOCATION: Please give the exact location of sensation, pain or eruption. Also describe where the pain or sensation spreads.

SENSATION: Express the type of sensation or the pain that you get in your own words however simple or funny it may seem. You may have a sensation that a mouse is crawling or the heart was grasped by an iron hand or you may have a pain which is cutting, burning jerking, pressing. Express the sensation or pain as it feels to you.

WHAT MAKES YOU WORSE OR BETTER: Many factors are likely to influence your trouble. Some factors may cause the trouble to increase and some factors may relieve the trouble. Please refer to them when describing each of your troubles and indicate which factors make the complaint better or worse.

DISCHARGES: You may have a discharge from ulcers, fistula, eruptions the skin, lungs, eyes, nose, ears, mouth, private parts, etc. Please describe your discharge under the following aspects.

* The quantity and the time or condition under which the quantity varies i.e. when is it better or worse, increases or decreases?

* The consistency; Is it thin or thick, stringy, or clotted?

* Is it like jelly, white of an egg, like water, sticky, forming a scab etc.?

* The odour, what does it remind you of?

* Does it make the parts sore, and in what way?

IN THE FOLLOWING PAGE PLEASE DESCRIBE EACH OF YOUR COMPLAINTS IN DETAIL

COMPLAINT NO.	WHERE IS THE TROUBLE	WHAT EXACTLY DO YOU FEEL OR HAVE THERE	WHAT ARE THE FACTORS THAT MAKE THIS TROUBLE BETTER OR WORSE